

**Greenbelt Police Department**  
**AUTOMOBILE ACCIDENT REPORT RELEASE FORM**

ACCIDENT REPORT #: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

PERSON REQUESTING REPORT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
HOME WORK

(Within Sixty (60) days of a Motor Vehicle Accident Report Filing: A copy of the requestor's driver's license or state issued identification must be submitted with this request).

CHECK ALL THAT APPLY:

- ☐ (1) I was involved in the motor vehicle accident.
- ☐ (2) I am the legal representative of a person involved in a motor vehicle accident.
- ☐ (3) I am a State's Attorney or other prosecutor.
- ☐ (4) I am an employee of a radio or television station licensed by the FCC.
- ☐ (5) I am an employee of a newspaper.
- ☐ (6) I am an employee of a Unit of Local, State, or Federal government who is authorized to have access to a report in furtherance of the unit's duties.
- ☐ (7) I am a representative of a victim services program.

I certify that the report will not be used for any commercial solicitation of an individual in the report and

I will not knowingly disclose any information contained in the report to a third party for commercial solicitation of an individual listed in the report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date

A person who obtains a report in violation of the statute (Transportation Article Section 20-110) is guilty of a felony and on conviction is subject to a fine not exceeding \$10,000 or imprisonment not exceeding fifteen (15) years or both.

PD#252 10/2007

PROCESSED BY: \_\_\_\_\_